Date Stamp VEU B **Recipient Committee** CALIFORNIA Campaign Statement **FORM Cover Page** Statement covers period Date of election if applicable: A HC For Official Use Only (Month, Day, Year) from 01/01/2021 through <u>06/30/2021</u> SEE INSTRUCTIONS ON REVERSE NO POSTMARK 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Preelection Statement ☐ Officeholder, Candidate Controlled Committee ☐ Primarily Formed Ballot Measure **Quarterly Statement** Committee Semi-annual Statement State Candidate Election Committee Special Odd-Year Report Termination Statement Recall Controlled (Also file a Form 410 Termination) Sponsored (Also Complete Part 5) Amendment (Explain below) (Also Complete Part 6) Removing a 07/14/2021 contribution that was included in error General Purpose Committee Primarily Formed Candidate/ Sponsored Officeholder Committee Small Contributor Committee O Political Party/Central Committee (Also Complete Part 7) 1.D. NUMBER 3. Committee Information Treasurer(s) 1324265 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Glendale Teachers Public Education Improvement Fund Taline Arsenian MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE Glendale CA 91208 818-240-3924 NAME OF ASSISTANT TREASURER, IF ANY STATE ZIP CODE AREA CODE/PHONE CITY CA 91208 818-240-3924 Glendale MAILING ADDRESS (IF DIFFERENT) NO, AND STREET OR P.O. BOX MAILING ADDRESS ZIP CODE AREA CODE/PHONE CITY ZIP CODE AREA CODE/PHONE CITY STATE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS Verification attached schedules is true and complete. I I have used all reasonable diligence in preparing and reviewing this statement and certify under penalty of perjury under the laws of the State of California that the fo В Executed on . Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor Executed on. Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _

FPPC Form 460 (Jan/2016))
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COVER PAGE

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 01/01/2021	FORM 460					
through <u>06/30/2021</u>	Page _2 of _4					
	I.D. NUMBER					
	1324265					

NAME OF FILER			I.D. NUMBER
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	0	\$\frac{19,386}{0}\$ \$\frac{19,386}{0}\$ \$\frac{19,386}{0}\$ \$\frac{19,386}{0}\$	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$\$ 21. Expenditures Made \$\$ \$
Expenditures Made 6. Payments Made	\$\frac{50}{0}\$ \$\frac{50}{0}\$ \frac{0}{0}\$ \frac{0}{50}\$ \frac{0}{50}\$	\$\frac{50}{0}\$ \$\frac{50}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{50}\$ \$\frac{0}{50}\$	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance	\$ <u>0</u>	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section may be different from amounts reported in Column B.
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 0		FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772

Schedule A Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period from 01/01/2021		CALIFORNIA 460	
SEE INSTRUCTI	IONS ON REVERSE				through <u>06/30/2021</u>		3of_4
NAME OF FILER Glendale Tea	achers Public Education Improvement Fund					1.D. NU 132426	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
01/26/2021	Glendale Teachers Association Glendale, CA 91208	☐IND ☐COM ØOTH ☐PTY ☐SCC	membership contributions	3,222	3,222		
02/12/2021	Glendale Teachers Association Glendale, CA 91208	☐IND ☐COM ②OTH ☐PTY ☐SCC	membership contributions	3,222	6,444		
03/11/2021	Glendale Teachers Association Glendale, CA 91208	□IND □COM ØOTH □PTY □SCC	membership contributions	3,225	9,669		
04/15/2021	Glendale Teachers Association Glendale, CA 91208	□IND □COM ②OTH □PTY □SCC	membership contributions	3,237	12,906		
05/14/2021	Glendale Teachers Association Glendale, CA 91208	□IND □COM ØOTH □PTY □SCC	membership contributions	3,243	16,149		
			SUBTOTAL S	5 16,149			
Amount re (Include a Amount re Total mon	A Summary eceived this period – itemized monetary contributions eceived this period – unitemized monetary contribution etary contributions received this period.	ons of less than	n \$100\$ <u>0</u>		IND- COM OTH PTY	(other t – Other (d – Political	al ent Committee han PTY or SCC) e.g., business entity)
(Add Line	s 1 and 2. Enter here and on the Summary Page, Co	olumn A, Line 1	.)TOTAL \$ 19,			FPPC	Form 460 (Jan/2016))

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Schedule A (Continuation Sheet) Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period from 01/01/2021 through 06/30/2021		SCHEDULEA (CONT CALIFORNIA 460 FORM of 4	
Glendale Tea	achers Public Education Improvement Fund					13242	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR \ (JAN. 1 - DEC	/EAR	PER ELECTION TO DATE (IF REQUIRED)
06/17/2021	Glendale Teacher Assocation Glendale, CA 91208	□IND □COM ØOTH □PTY □SCC	membership contributions	3,237	19,386		
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					

SUBTOTAL \$ 3,237

□сом □отн ☐ PTY □scc

*Contributor Codes IND - Individual

COM - Recipient Committee (other than PTY or SCC) OTH - Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee